Landscape of Plan
Options in
Wyoming
2007



# Medicare Advantage Cost Plans and Demonstrations

1-800-MEDICARE TTY 1-877-486-2048 www.medicare.gov



indicates plan d	oes not offer Part D drug coverage.								Offers
				Monthly					Offers
				Consolidated				Type of	Variable Drug
				Premium	Monthly	Annual	Drug		
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	payments
Albany	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Albany	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Albany	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Albany	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Albany	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
,				*******	*******	**		,	
Albany	Humana Insurance Company	Humana Gold Choice PFFS H1804-179 (H1804-179)	PFFS	\$29.00	\$10.90	\$265	Basic		
Albany	Humana Insurance Company	Humana Gold Choice PFFS H1804-177 (H1804-177)	PFFS	\$39.00	\$21.90	\$0	Enhanced		•
Albany	Humana Insurance Company	Humana Gold Choice PFFS H1804-178 (H1804-178)	PFFS	\$59.00	\$21.90	\$0	Enhanced		•
Albany	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00	Ψ21.50	ΨΟ	Limanoca		
Albany	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		
Albany Albany	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00	\$20.70	\$100	Ennanced		•
Big Horn	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Big Horn	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Big Horn	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Big Horn	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Big Horn	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Big Horn	Humana Insurance Company	Humana Gold Choice PFFS H1804-179 (H1804-179)	PFFS	\$29.00	\$10.90	\$265	Basic		
Big Horn	Humana Insurance Company	Humana Gold Choice PFFS H1804-177 (H1804-177)	PFFS	\$39.00	\$21.90	\$0	Enhanced		•
Big Horn	Humana Insurance Company	Humana Gold Choice PFFS H1804-178 (H1804-178)	PFFS	\$59.00	\$21.90	\$0	Enhanced		•
Big Horn	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Big Horn	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Big Horn	WINhealth Partners	RMHP AB Basic Plan (H0602-026)	Cost *	\$15.00					
Bia Horn	WINhealth Partners	WINhealth Thrifty Plan (H0602-035)	Cost *	\$17.00					
Big Horn	WINhealth Partners	WINhealth Standard Medicare Plan (H0602-013)	Cost *	\$60.00					
Big Horn	WINhealth Partners	WINhealth Plus Medicare Plan (H0602-014)	Cost *	\$92.00					<del> </del>
Big Horn	WINhealth Partners	WINhealth Standard with Standard Drug Plan (H0602-023)	Cost	\$119.20	\$29.60	\$0	Basic		
big Hom	Wilvilealti Faithers	Wilvinealth Standard With Standard Drug Flair (10002-025)	COSI	\$119.20	\$29.00	ΦΟ	Dasic		•
Big Horn	WINhealth Partners	WINhealth Plus with Enhanced Drug Plan (H0602-024)	Cost	\$249.60	\$78.80	\$0	Enhanced	Generics and	
ыў пош	Wilvilealti Faithers	Wilvinealth Plus with Efficienced Drug Plan (H0602-024)	COSI	\$249.00	\$70.00	ΦU	Ennanced	Brands	•
0	Dive Ocean Dive Object of Managers	Madiana Diva DDO Farantial Diva Du 4 (D5500 000)	Danis al DDO	<b>COO.OO</b>	£40.40	<b>\$005</b>	Di-	DIdHUS	-
Campbell	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Campbell	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Campbell	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Campbell	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Campbell	Humana Insurance Company	Humana Gold Choice PFFS H1804-179 (H1804-179)	PFFS	\$29.00	\$10.90	\$265	Basic		
Campbell	Humana Insurance Company	Humana Gold Choice PFFS H1804-177 (H1804-177)	PFFS	\$39.00	\$21.90	\$0	Enhanced		•
Campbell	Humana Insurance Company	Humana Gold Choice PFFS H1804-178 (H1804-178)	PFFS	\$59.00	\$21.90	\$0	Enhanced		•
Campbell	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Campbell	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Carbon	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Carbon	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		
Carbon	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		
Carbon	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		
Carbon	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
- Carbon	Dide Gross Dide Stilled of Wyorling	incalcalobide i i o Efficienced i las IXX o (IXO00*000)	Acgional I I O	ψ113.10	ψ101.20	ΨΟ	Limanceu	, and officially brugs	
Carbon	Humana Insurance Company	Humana Gold Choice PFFS H1804-179 (H1804-179)	PFFS	\$29.00	\$10.90	\$265	Basic	1	
			PFFS			\$265		<del>                                     </del>	
Carbon	Humana Insurance Company	Humana Gold Choice PFFS H1804-177 (H1804-177)		\$39.00	\$21.90		Enhanced	1	•
Carbon	Humana Insurance Company	Humana Gold Choice PFFS H1804-178 (H1804-178)	PFFS	\$59.00	\$21.90	\$0	Enhanced	1	•
Carbon	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00			<u> </u>		
Carbon	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Carbon	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Carbon	WINhealth Partners	RMHP AB Basic Plan (H0602-026)	Cost *	\$15.00					

	es not offer Part D drug coverage.			Monthly					Offers
				Consolidated					Variable
				Premium	Monthly	Annual	Device	Type of	
			Town of Marillana		,		Drug	Type of	Drug
		St. N	Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	payments
Carbon	WINhealth Partners	WINhealth Thrifty Plan (H0602-035)	Cost *	\$17.00					
Carbon	WINhealth Partners	WINhealth Standard Medicare Plan (H0602-013)	Cost *	\$60.00					
Carbon	WINhealth Partners	WINhealth Plus Medicare Plan (H0602-014)	Cost *	\$92.00					
Carbon	WINhealth Partners	WINhealth Standard with Standard Drug Plan (H0602-023)	Cost	\$119.20	\$29.60	\$0	Basic		•
Carbon	WINhealth Partners	WINhealth Plus with Enhanced Drug Plan (H0602-024)	Cost	\$249.60	\$78.80	\$0	Enhanced	Generics and Brands	•
Converse	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Converse	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Converse	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		-
Converse	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0		All Formulary Drugs	
Converse	Humana Insurance Company	Humana Gold Choice PFFS H1804-179 (H1804-179)	PFFS	\$29.00	\$10.90	\$265	Basic		
Converse	Humana Insurance Company	Humana Gold Choice PFFS H1804-177 (H1804-177)	PFFS	\$39.00	\$21.90	\$0	Enhanced		•
Converse	Humana Insurance Company	Humana Gold Choice PFFS H1804-178 (H1804-178)	PFFS	\$59.00	\$21.90	\$0	Enhanced		•
Converse	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Converse	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Crook	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Crook	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Crook	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Crook	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		-
Crook								All Cormulary Drugg	•
Crook	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	•
Crook	Humana Insurance Company	Humana Gold Choice PFFS H1804-179 (H1804-179)	PFFS	\$29.00	\$10.90	\$265	Basic		
Crook	Humana Insurance Company	Humana Gold Choice PFFS H1804-177 (H1804-177)	PFFS	\$39.00	\$21.90	\$0	Enhanced		•
Crook	Humana Insurance Company	Humana Gold Choice PFFS H1804-178 (H1804-178)	PFFS	\$59.00	\$21.90	\$0	Enhanced		•
Crook	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Crook	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Crook	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Fremont	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Fremont	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Fremont	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Fremont	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		-
Fremont	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	_
Fremont	Humana Insurance Company	Humana Gold Choice PFFS H1804-179 (H1804-179)	PFFS	\$29.00	\$10.90	\$265	Basic		
Fremont	Humana Insurance Company	Humana Gold Choice PFFS H1804-177 (H1804-177)	PFFS	\$39.00	\$21.90	\$0	Enhanced		•
Fremont	Humana Insurance Company	Humana Gold Choice PFFS H1804-178 (H1804-178)	PFFS	\$59.00	\$21.90	\$0	Enhanced		•
Fremont	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Fremont	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Fremont	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00		<u> </u>	1		
Goshen	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00		t	1	1	
Goshen	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00		<b>†</b>	<b>†</b>	1	
Goshen	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic	<u> </u>	•
Goshen	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Essential Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic	1	•
	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80			<del> </del>	•
Goshen						\$0 ©0	Enhanced	All Formulary Drives	•
Goshen	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Goshen	Humana Insurance Company	Humana Gold Choice PFFS H1804-179 (H1804-179)	PFFS	\$29.00	\$10.90	\$265	Basic		
Goshen	Humana Insurance Company	Humana Gold Choice PFFS H1804-177 (H1804-177)	PFFS	\$39.00	\$21.90	\$0	Enhanced		•
Goshen	Humana Insurance Company	Humana Gold Choice PFFS H1804-178 (H1804-178)	PFFS	\$59.00	\$21.90	\$0	Enhanced		•
Goshen	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00	<b>\$25</b>	Ψŭ			
Goshen	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced	-	

maicatec plan act	es not offer Part D drug coverage.			Monthly					Offere
									Offers
				Consolidated				Type of Extra Coverage	Variable Drug
				Premium	Monthly	Annual	Drug		
			Type of Medicare	(Includes	Drug	Drug	Benefit		Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	payments
Goshen	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Goshen	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Goshen	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Goshen	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Goshen	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Goshen	WINhealth Partners	RMHP AB Basic Plan (H0602-026)	Cost *	\$15.00					
Goshen	WINhealth Partners	WINhealth Thrifty Plan (H0602-035)	Cost *	\$17.00					
Goshen	WINhealth Partners	WINhealth Standard Medicare Plan (H0602-013)	Cost *	\$60.00					
Goshen	WINhealth Partners	WINhealth Plus Medicare Plan (H0602-014)	Cost *	\$92.00					
Goshen	WINhealth Partners	WINhealth Standard with Standard Drug Plan (H0602-023)	Cost	\$119.20	\$29.60	\$0	Basic		•
Goshen	WINhealth Partners	WINhealth Plus with Enhanced Drug Plan (H0602-024)	Cost	\$249.60	\$78.80	\$0	Enhanced	Generics and Brands	•
Hot Springs	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Hot Springs	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Hot Springs	Aetna Medicare	Aetna Medicare Open Plan (H5736-002)	PFFS	\$80.00	\$21.80	\$265	Basic		
Hot Springs	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Hot Springs	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Hot Springs	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Hot Springs	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Hot Springs	Humana Insurance Company	Humana Gold Choice PFFS H1804-179 (H1804-179)	PFFS	\$29.00	\$10.90	\$265	Basic		
Hot Springs	Humana Insurance Company	Humana Gold Choice PFFS H1804-177 (H1804-177)	PFFS	\$39.00	\$21.90	\$0	Enhanced		•
Hot Springs	Humana Insurance Company	Humana Gold Choice PFFS H1804-178 (H1804-178)	PFFS	\$59.00	\$21.90	\$0	Enhanced		•
Hot Springs	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00	<b>4</b> =	7-			
Hot Springs	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Hot Springs	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00	<b>\$20.10</b>	ψ.σσ	21111011000		-
Hot Springs	WINhealth Partners	RMHP AB Basic Plan (H0602-026)	Cost *	\$15.00					
Hot Springs	WINhealth Partners	WINhealth Thrifty Plan (H0602-035)	Cost *	\$17.00					
Hot Springs	WINhealth Partners	WINhealth Standard Medicare Plan (H0602-013)	Cost *	\$60.00					
Hot Springs	WINhealth Partners	WiNhealth Plus Medicare Plan (H0602-013)	Cost *	\$92.00					
	WINhealth Partners	WINhealth Standard with Standard Drug Plan (H0602-023)	Cost	\$119.20	\$29.60	\$0	Basic		•
Hot Springs		,		·					•
Hot Springs	WINhealth Partners	WINhealth Plus with Enhanced Drug Plan (H0602-024)	Cost	\$249.60	\$78.80	\$0	Enhanced	Generics and Brands	•
Johnson	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Johnson	Advantra® Freedom	Freedom 5 (H5227-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Johnson	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Johnson	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Johnson	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Johnson	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Johnson	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Johnson	Humana Insurance Company	Humana Gold Choice PFFS H1804-179 (H1804-179)	PFFS	\$29.00	\$10.90	\$265	Basic		
Johnson	Humana Insurance Company	Humana Gold Choice PFFS H1804-177 (H1804-177)	PFFS	\$39.00	\$21.90	\$0	Enhanced		•
Johnson	Humana Insurance Company	Humana Gold Choice PFFS H1804-178 (H1804-178)	PFFS	\$59.00	\$21.90	\$0	Enhanced		•
Johnson	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 1 (H5435-001)	PFFS *	\$0.00	<del></del>	7.			
Johnson	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Rx Plan 55 (H5435-014)	PFFS	\$10.30	\$10.30	\$265	Basic		
Johnson	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Johnson	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00	ψ20.70	ψισο	Limanced	<del>                                     </del>	•
Johnson	WellCare	Concert (H1340-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced	<del> </del>	•
Johnson Johnson	WellCare	Summit (H1340-013)	PFFS	\$91.00	\$0.00	\$0 \$0	Enhanced	<del> </del>	•
	IVVEIICAIE	Guillille (11340-000)	FFFS	φ51.00	φυ.υυ	φ∪	⊏manced	1	. •

	oes not offer Part D drug coverage.			Monthly					Offers
				Monthly Consolidated					
				Premium	Monthly	Annual	Device	Type of	Variable Drug
			Type of Medicare	(Includes	Drug	Drug	Drug Benefit	Type of Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Туре	Offered in the Gap	
County Laramie	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic	Offered in the Gap	payments
	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Essential Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		
Laramie	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90 \$91.70	\$15.40	\$265	Enhanced		•
Laramie Laramie	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Laranne	Bide Closs Bide Silield of Wyorling	Medicaleblue FFO Efficienceu Flus RX 3 (R3300-000)	Regional FFO	\$179.70	\$101.20	ΨU	Ellianceu	All Formulary Drugs	
Laramie	Humana Insurance Company	Humana Gold Choice PFFS H1804-179 (H1804-179)	PFFS	\$29.00	\$10.90	\$265	Basic		
Laramie	Humana Insurance Company	Humana Gold Choice PFFS H1804-177 (H1804-177)	PFFS	\$39.00	\$21.90	\$0	Enhanced		•
Laramie	Humana Insurance Company	Humana Gold Choice PFFS H1804-178 (H1804-178)	PFFS	\$59.00	\$21.90	\$0	Enhanced		•
Laramie	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Laramie	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Laramie	WINhealth Partners	RMHP AB Basic Plan (H0602-026)	Cost *	\$15.00					
Laramie	WINhealth Partners	WINhealth Thrifty Plan (H0602-035)	Cost *	\$17.00					
Laramie	WINhealth Partners	WINhealth Standard Medicare Plan (H0602-013)	Cost *	\$60.00					
Laramie	WINhealth Partners	WINhealth Plus Medicare Plan (H0602-014)	Cost *	\$92.00					
Laramie	WINhealth Partners	WINhealth Standard with Standard Drug Plan (H0602-023)	Cost	\$119.20	\$29.60	\$0	Basic		•
Laramie	WINhealth Partners	WINhealth Plus with Enhanced Drug Plan (H0602-024)	Cost	\$249.60	\$78.80	\$0	Enhanced	Generics and Brands	•
Lincoln	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Lincoln	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Lincoln	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Lincoln	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Lincoln	Humana Insurance Company	Humana Gold Choice PFFS H1804-179 (H1804-179)	PFFS	\$29.00	\$10.90	\$265	Basic		
Lincoln	Humana Insurance Company	Humana Gold Choice PFFS H1804-177 (H1804-177)	PFFS	\$39.00	\$21.90	\$0	Enhanced		•
Lincoln	Humana Insurance Company	Humana Gold Choice PFFS H1804-178 (H1804-178)	PFFS	\$59.00	\$21.90	\$0	Enhanced		•
Lincoln	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Lincoln	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Natrona	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Natrona	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Natrona	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Natrona	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Natrona	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	,
Natrona	Humana Insurance Company	Humana Gold Choice PFFS H1804-179 (H1804-179)	PFFS	\$29.00	\$10.90	\$265	Basic		1
Natrona	Humana Insurance Company	Humana Gold Choice PFFS H1804-177 (H1804-177)	PFFS	\$39.00	\$21.90	\$0	Enhanced		•
Natrona	Humana Insurance Company	Humana Gold Choice PFFS H1804-178 (H1804-178)	PFFS	\$59.00	\$21.90	\$0	Enhanced		•
Natrona	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Natrona	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Niobrara	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Niobrara	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Niobrara	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Niobrara	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Niobrara	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	,
Niobrara	Humana Insurance Company	Humana Gold Choice PFFS H1804-179 (H1804-179)	PFFS	\$29.00	\$10.90	\$265	Basic		
Niobrara	Humana Insurance Company	Humana Gold Choice PFFS H1804-177 (H1804-177)	PFFS	\$39.00	\$21.90	\$0	Enhanced		•
Niobrara	Humana Insurance Company	Humana Gold Choice PFFS H1804-178 (H1804-178)	PFFS	\$59.00	\$21.90	\$0	Enhanced		•
Niobrara	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Niobrara	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Niobrara	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Niobrara	WINhealth Partners	RMHP AB Basic Plan (H0602-026)	Cost *	\$15.00					
Niobrara	WINhealth Partners	WINhealth Thrifty Plan (H0602-035)	Cost *	\$17.00	1				
Niobrara	WINhealth Partners	WINhealth Standard Medicare Plan (H0602-013)	Cost *	\$60.00	1	İ		İ	İ .

									Offers
				Consolidated				Type of Extra Coverage	Variable Drug
				Premium	Monthly	Annual	Drug		
			Type of Medicare	(Includes	Drug	Drug	Benefit		Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	payments
Niobrara	WINhealth Partners	WINhealth Plus Medicare Plan (H0602-014)	Cost *	\$92.00				•	
Niobrara	WINhealth Partners	WINhealth Standard with Standard Drug Plan (H0602-023)	Cost	\$119.20	\$29.60	\$0	Basic		•
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Niobrara	WINhealth Partners	WINhealth Plus with Enhanced Drug Plan (H0602-024)	Cost	\$249.60	\$78.80	\$0	Enhanced	Generics and	•
				<b>V</b> = 10100	4.0.00	**		Brands	
Park	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00			İ		
Park	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Park	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Park	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Park	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		
Park	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	•
air	Blue Closs Blue Silield of Wyoffling	Medicaleblue FFO Elillaticed Flus RX 3 (R3300-000)	Regional FFO	\$179.70	\$101.20	ΦΟ	Lilianceu	All Formulary Drugs	
Pork	Humana Insurance Company	Humana Gold Choice PFFS H1804-179 (H1804-179)	PFFS	\$29.00	\$10.90	\$265	Basic		
Park Park	Humana Insurance Company Humana Insurance Company	Humana Gold Choice PFFS H1804-179 (H1804-179)	PFFS	\$39.00	\$10.90	\$200	Enhanced		
			PFFS			\$0			•
Park	Humana Insurance Company	Humana Gold Choice PFFS H1804-178 (H1804-178)	PFFS *	\$59.00	\$21.90	ΦU	Enhanced		•
Park	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)		\$0.00	#00.70	0400	- Cobs.		
Park	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Park	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00	<b>\$</b> 0.00				
Park	WellCare	Freedom (H1340-012)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Park	WellCare	Concert (H1340-014)	PFFS	\$41.00	\$3.30	\$0	Enhanced		•
Park	WellCare	Summit (H1340-007)	PFFS	\$121.00	\$0.00	\$0	Enhanced		•
Park	WINhealth Partners	RMHP AB Basic Plan (H0602-026)	Cost *	\$15.00					
Park	WINhealth Partners	WINhealth Thrifty Plan (H0602-035)	Cost *	\$17.00					
Park	WINhealth Partners	WINhealth Standard Medicare Plan (H0602-013)	Cost *	\$60.00					
Park	WINhealth Partners	WINhealth Plus Medicare Plan (H0602-014)	Cost *	\$92.00					
Park	WINhealth Partners	WINhealth Standard with Standard Drug Plan (H0602-023)	Cost	\$119.20	\$29.60	\$0	Basic		•
Park	WINhealth Partners	WINhealth Plus with Enhanced Drug Plan (H0602-024)	Cost	\$249.60	\$78.80	\$0	Enhanced	Generics and	•
								Brands	
Platte	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Platte	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Platte	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Platte	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
		,		*******	***************************************	**			
Platte	Humana Insurance Company	Humana Gold Choice PFFS H1804-179 (H1804-179)	PFFS	\$29.00	\$10.90	\$265	Basic		
Platte	Humana Insurance Company	Humana Gold Choice PFFS H1804-177 (H1804-177)	PFFS	\$39.00	\$21.90	\$0	Enhanced		•
Platte	Humana Insurance Company	Humana Gold Choice PFFS H1804-178 (H1804-178)	PFFS	\$59.00	\$21.90	\$0	Enhanced		•
Platte	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Platte	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00	Ψ20.70	Ψ100	Limaneca		
Platte	WINhealth Partners	RMHP AB Basic Plan (H0602-026)	Cost *	\$15.00			1		
Platte	WINhealth Partners	WINhealth Thrifty Plan (H0602-035)	Cost *	\$17.00		<del>                                     </del>	<del>                                     </del>		
Platte	WINhealth Partners	WINhealth Standard Medicare Plan (H0602-013)	Cost *	\$60.00		<del>                                     </del>	+		
	WINhealth Partners WINhealth Partners	WINhealth Plus Medicare Plan (H0602-013)		\$60.00			-		
Platte			Cost *		\$20.00	\$0	Don:		
Platte	WINhealth Partners	WINhealth Standard with Standard Drug Plan (H0602-023)	Cost	\$119.20	\$29.60	20	Basic		•
Naua	WIND a alth Davis	Milhibadish Dive with Enhanced Deep Dive (10000 004)	06-1	#0.40.00	Ф <b>7</b> 0.00	r c	- Cobs.	Conorder	
Platte	WINhealth Partners	WINhealth Plus with Enhanced Drug Plan (H0602-024)	Cost	\$249.60	\$78.80	\$0	Enhanced	Generics and	•
N . 1	11	F 1 0 (1100 40 005)	DEEC :	00.55			1	Brands	
Sheridan	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Sheridan	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00		L	ļ		
Sheridan	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Sheridan	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Sheridan	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	. <del>.</del> . <del>.</del>	All Formulary Drugs	

				Monthly					Offers
				Consolidated				Type of	Variable Drug Co-
				Premium	Monthly	Annual	Drug		
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	payments
Sheridan	Humana Insurance Company	Humana Gold Choice PFFS H1804-179 (H1804-179)	PFFS	\$29.00	\$10.90	\$265	Basic		
Sheridan	Humana Insurance Company	Humana Gold Choice PFFS H1804-177 (H1804-177)	PFFS	\$39.00	\$21.90	\$0	Enhanced		•
Sheridan	Humana Insurance Company	Humana Gold Choice PFFS H1804-178 (H1804-178)	PFFS	\$59.00	\$21.90	\$0	Enhanced		•
Sheridan	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Sheridan	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Sheridan	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Sheridan	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Sheridan	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Sheridan	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Sheridan	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Sheridan	WellCare	Concert (H1340-013)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Sheridan	WellCare	Summit (H1340-007)	PFFS	\$121.00	\$0.00	\$0	Enhanced		•
Statewide	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Statewide	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Statewide	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Statewide	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Statewide	Bide Gloss Bide Officia of Wyorffing	inicalculation in a final local rias rix a (100000 000)	regionari	ψ175.70	ψ101.20	ΨΟ	Limaneca	All I officially brugs	1
Sublette	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Sublette	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Sublette	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Sublette	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	i
Sublette	Humana Insurance Company	Humana Gold Choice PFFS H1804-179 (H1804-179)	PFFS	\$29.00	\$10.90	\$265	Basic		
Sublette	Humana Insurance Company	Humana Gold Choice PFFS H1804-177 (H1804-177)	PFFS	\$39.00	\$21.90	\$0	Enhanced		•
Sublette	Humana Insurance Company	Humana Gold Choice PFFS H1804-178 (H1804-178)	PFFS	\$59.00	\$21.90	\$0	Enhanced		•
Sublette	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Sublette	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Sweetwater	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Sweetwater	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Sweetwater	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		
Sweetwater	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	,
Sweetwater	Humana Insurance Company	Humana Gold Choice PFFS H1804-179 (H1804-179)	PFFS	\$29.00	\$10.90	\$265	Basic		
Sweetwater	Humana Insurance Company	Humana Gold Choice PFFS H1804-177 (H1804-177)	PFFS	\$39.00	\$21.90	\$0	Enhanced		•
Sweetwater	Humana Insurance Company	Humana Gold Choice PFFS H1804-178 (H1804-178)	PFFS	\$59.00	\$21.90	\$0	Enhanced		•
Sweetwater	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Sweetwater	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00	•				
Teton	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Гeton	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Гeton	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		
Teton	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Teton	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Teton	Humana Insurance Company	Humana Gold Choice PFFS H1804-179 (H1804-179)	PFFS	\$29.00	\$10.90	\$265	Basic		<u> </u>
Teton	Humana Insurance Company	Humana Gold Choice PFFS H1804-177 (H1804-177)	PFFS	\$39.00	\$21.90	\$0	Enhanced		•
Teton	Humana Insurance Company	Humana Gold Choice PFFS H1804-178 (H1804-178)	PFFS	\$59.00	\$21.90	\$0	Enhanced		•
Teton	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Teton	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00	<del></del>	<b>\$.00</b>			T -
Jinta	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00	t	1	<b>†</b>		1
Jinta	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Jinta	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Jinta	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		
Jinta Jinta	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Jiina	plue Cross blue Shield of Myoning	interiorie LLO Elliation Ling XX 2 (V2000-008)	Regional FFO	\$119.10	\$101.20	φυ	Ennanced	All Formulary Drugs	1

	pes not offer Part D drug coverage.			Monthly					Offers
				Consolidated					Variable
				Premium	Monthly	Annual	Drug	Type of	Drug
			Type of Medicare	(Includes	Drug	Drug	Benefit	Extra Coverage	Co-
County	Organization Name	Plan Name	Health Plan	Part C + D)	Premium	Deductible	Type	Offered in the Gap	payments
Uinta	Humana Insurance Company	Humana Gold Choice PFFS H1804-179 (H1804-179)	PFFS	\$29.00	\$10.90	\$265	Basic		
Uinta	Humana Insurance Company	Humana Gold Choice PFFS H1804-177 (H1804-177)	PFFS	\$39.00	\$21.90	\$0	Enhanced		•
Uinta	Humana Insurance Company	Humana Gold Choice PFFS H1804-178 (H1804-178)	PFFS	\$59.00	\$21.90	\$0	Enhanced		•
Uinta	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Uinta	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Uinta	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Uinta	WINhealth Partners	RMHP AB Basic Plan (H0602-026)	Cost *	\$15.00					
Uinta	WINhealth Partners	WINhealth Thrifty Plan (H0602-035)	Cost *	\$17.00					
Uinta	WINhealth Partners	WINhealth Standard Medicare Plan (H0602-013)	Cost *	\$60.00					
Uinta	WINhealth Partners	WINhealth Plus Medicare Plan (H0602-014)	Cost *	\$92.00					
Uinta	WINhealth Partners	WINhealth Standard with Standard Drug Plan (H0602-023)	Cost	\$119.20	\$29.60	\$0	Basic		•
Uinta	WINhealth Partners	WINhealth Plus with Enhanced Drug Plan (H0602-024)	Cost	\$249.60	\$78.80	\$0	Enhanced	Generics and Brands	•
Washakie	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Washakie	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Washakie	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Washakie	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Washakie	Humana Insurance Company	Humana Gold Choice PFFS H1804-179 (H1804-179)	PFFS	\$29.00	\$10.90	\$265	Basic		
Washakie	Humana Insurance Company	Humana Gold Choice PFFS H1804-177 (H1804-177)	PFFS	\$39.00	\$21.90	\$0	Enhanced		•
Washakie	Humana Insurance Company	Humana Gold Choice PFFS H1804-178 (H1804-178)	PFFS	\$59.00	\$21.90	\$0	Enhanced		•
Washakie	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Washakie	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Washakie	WINhealth Partners	RMHP AB Basic Plan (H0602-026)	Cost *	\$15.00					
Washakie	WINhealth Partners	WINhealth Thrifty Plan (H0602-035)	Cost *	\$17.00					
Washakie	WINhealth Partners	WINhealth Standard Medicare Plan (H0602-013)	Cost *	\$60.00					
Washakie	WINhealth Partners	WINhealth Plus Medicare Plan (H0602-014)	Cost *	\$92.00					
Washakie	WINhealth Partners	WINhealth Standard with Standard Drug Plan (H0602-023)	Cost	\$119.20	\$29.60	\$0	Basic		•
Washakie	WINhealth Partners	WINhealth Plus with Enhanced Drug Plan (H0602-024)	Cost	\$249.60	\$78.80	\$0	Enhanced	Generics and Brands	•
Weston	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Weston	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Weston	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Weston	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Weston	Blue Cross Blue Shield of Wyoming	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Weston	Humana Insurance Company	Humana Gold Choice PFFS H1804-179 (H1804-179)	PFFS	\$29.00	\$10.90	\$265	Basic		
Weston	Humana Insurance Company	Humana Gold Choice PFFS H1804-177 (H1804-177)	PFFS	\$39.00	\$21.90	\$0	Enhanced		•
Weston	Humana Insurance Company	Humana Gold Choice PFFS H1804-178 (H1804-178)	PFFS	\$59.00	\$21.90	\$0	Enhanced		•
Weston	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Weston	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Weston	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					